BY PAMELA SCHAEFFER, Ph.D.

AUDETTE, Minn. — Critical access hospitals are all about location, and here are a few location-related facts about one: LakeWood Health Center in Baudette, Minn., is 100 miles from the nearest Walmart, 100 miles from the nearest Target, 100 miles from the nearest oncologist. With 15 beds and an average patient census of five, LakeWood is one of 21 critical access hospitals in the Catholic Health Initiatives (CHI) system. The rural Minnesota health center has 175 full- and part-time employees, making it the largest employer in its region ever since a nearby pharmaceutical manufacturer downsized.

A rural health expert pointed out LakeWood as a good example of the way these hospitals can provide an infrastructure for their communities — extending even to the area’s only for-the-public exercise facility and a movie theater in downtown Baudette — so Health Progress decided to pay a visit. This entailed a flight into the tiny airport at International Falls, Minn., and an 80-mile detour by car to skirt construction on the main route to Baudette.

“One thing about this area,” said Jason Breuer, LakeWood’s 35-year-old administrator, “There aren’t many alternate roads.”

Baudette is adjacent to Lake of the Woods, a
950,000-acre lake that crosses the U.S.-Canadian border. Fishing is big business for residents and visitors, even when Lake of the Woods freezes over. Rustic fishing resorts abound. A huge sculpture of Willy Walleye — walleye being the region’s favorite fish — welcomes visitors to Baudette’s tiny, attractive downtown.

Baudette is in Lake of the Woods County, a 1,775-square-mile area with about 4,600 residents. Nearly a quarter of them live in Baudette. According to U.S. Census figures for 2000, the county’s population density is just under four persons per square mile. There isn’t a single stoplight in the county, residents point out, and reportedly just two, well, maybe three, elevators, including one at LakeWood that goes to the second floor.

In its early days, in the 1950s, before its affiliations with the Sisters of St. Joseph of Crookston, then with Franciscan Sisters Health Care, then with CHI, LakeWood was a full-service community hospital. Today, it’s different.

“Our doctors and nurses are well attuned to what we can do here,” Breuer said. That includes dealing with complications of chronic disease and rehab following surgery at larger facilities. In keeping with common practice for critical access hospitals (see story, page 26), patients requiring services LakeWood can’t provide are stabilized and prepared for transfer.

“Twenty-five percent of our ambulance use is for transfer to other areas,” Breuer said — Duluth and Bemidji in Minnesota, occasionally Minneapolis or the Mayo Clinic in Rochester, and to Grand Forks or Fargo in North Dakota.

LakeWood’s operations include an on-campus family practice clinic staffed by four providers: two MDs, a D.O. and a nurse practitioner. All are LakeWood employees. The clinic staff provides inpatient and outpatient care and covers the 24-hour emergency room. The closest other physicians are in Warroad, a town 37 miles away. OB deliveries had to be reluctantly discontinued due to lack of volume, Breuer said, so except for emergencies, women must go to larger hospitals to have their babies.

A general surgeon performs operations weekly at LakeWood, and as of last year, an orthopedic surgeon and a vascular surgeon do consultations and procedures monthly. Other recent additions include digital mammography and telepharmacy, which connects LakeWood’s staff electronically to a pharmacy hub in Fargo, N.D., under an arrangement with North Dakota State University.

“This helps provide 24-hour pharmacist services to enhance care and promote patient safety,” said Thomas Mio, LakeWood’s vice-president, health services, and resident pharmacist. Pharmacists in Fargo can watch as nurses mix fluids for IVs, check to be sure they are giving patients the right pills and give experience-based advice on medication dosages in tricky medical situations.

A Diabetes Resource Center was established in 2003, and a 16-week, educational “I Can Prevent Diabetes” program was launched last year. Along with other critical access hospitals affiliated with CHI, LakeWood is currently assessing its best uses for telehealth.

LakeWood also has departments of home health care and of public health as well as a hospice program that usually serves one to two patients a month. The health center contracts with behavioral health providers, who staff an office three days a week. Through its public health department, LakeWood contracts with a local public school to provide a school nurse and offers pre-season sports physicals for youth at reduced fees. And for those too old for school-based sports program, LakeWood offers a physical fitness option...
enjoy a day of fishing even at temperatures as low as 30 below zero, Breuer said. “They just have to be outside long enough to cross seven feet of ice between the ice house and the van. We have residents who want to be outside even when it’s cold,” he said.

For a full perspective on LakeWood’s influence on its broader community, though, visitors have to leave the campus and tour downtown. Take in a movie at the Grand Theater. Walk along the brick sidewalks, enjoy the decorative street lamps, sniff the petunias overflowing the hanging planters. View the representations of local life on murals painted on the sides of two buildings. Hang out at the skateboard park. Visit a school. All these sights represent LakeWood’s participation in the CHI-sponsored Healthier Communities program and related grants from CHI’s mission and ministry fund. The fund, established in 1996 by CHI’s founding congregations, provides low-interest grants for a wide array of programs to help improve the health of communities. Since its inception, the fund has awarded 272 grants totaling more than $33 million, including $136,000 to LakeWood.

Breuer said LakeWood has worked on bringing people together — county, city, civic leaders and anyone else interested — to decide on areas of community needs as part of the Healthier Communities program. “Great things have come from bringing people together,” he said.

For example, there’s the Grand Theater, one of the most talked-about projects for which LakeWood has been catalyst. The theater opened in 2001, constructed with a low-interest loan of $165,000 from CHI’s Direct Community Investment Program and community-raised funds. The Grand shows movies nightly, though its purpose is more than entertainment. “We’d had a rash of accidents involving youth driving to International Falls to see a movie,” Breuer said. International Falls is 70 miles away, over a winding road.

Other successes resulting from LakeWood-community collaboration include a downtown beautification program and a skate park, which got skateboarding kids off the city sidewalks and streets — both projects undertaken with CHI support. LakeWood also worked with the city to persuade Canadian National Railway to remove a grain elevator on the outskirts of town, which residents deemed unsafe.

Schools have benefitted too, indirectly and directly, from LakeWood’s overall community concern. After voters rejected a referendum aimed at improvements for the county’s highly ranked

on site. A well-equipped exercise room is open 24 hours a day to members who pay $27 a month, or $180 a year.

Beyond basic health care, LakeWood provides its service area with assisted living and long-term care for the elderly, offering residents such amenities as gardening in raised beds surrounding a patio and outings on and around the lake. These include boating in summer and ice fishing in winter, a favorite among hardier residents, even those in skilled care. A van transports residents to a heated “ice house” on the frozen lake, where they can drop their hooks through a hole in the ice and
schools, the Healthier Communities participants targeted education as a critical concern. A subcommittee formed to get the message out, and at the next election “the referendum sailed through,” Breuer said.

A more recent focus is a program to reduce domestic violence, developed as a priority following the economic downturn and an upsurge of reports — and in keeping with a CHI effort to reduce violence in all its market areas. The population of Lake of the Woods County has dropped in recent years from 6,000 to about 4,600, Breuer said, largely due to economic stress. Affected industries have included logging and mining, tourism and several local manufacturers.

Baudette’s Healthier Communities group comes together every three years to refocus and strategize, Breuer said. “It’s an evolving initiative. We refocus to address community issues as they arise,” he said. “As you know, big plans in small communities take time.” Small, targeted work groups develop from the 100 or so participants in the larger meetings.

Other LakeWood-community initiatives include an occupational development program, through which people come to the hospital to develop work skills; an annual free dinner to celebrate the LakeWood-community collaboration (“nothing promotional,” Breuer said); and a community garden program, with funds from SHIP, Minnesota’s Statewide Health Improvement Program. Through that program, LakeWood tills and leases 12 garden plots at no charge to community residents interested in growing their own vegetables, whether for personal use or sale.

Meanwhile, the hospital does a little gardening of its own. It takes pride in its homegrown nurses. We are growing from within,” Mio said. LakeWood, in conjunction with area community colleges, offers on-site educational training for people seeking to become registered nurses or licensed practical nurses. “We used to run ads for nurses in Grand Forks, Minneapolis, Duluth,” Mio said. “We spent $20,000 annually on advertising, with virtually no results. So now we offer scholarships to grow our own. Basically, we loan money, and participants can repay with work over time. It’s a good investment for us. “

For a small place, there is a lot to oversee. For LakeWood’s staff, that means the proverbial wearing of many hats. Take Mio for instance. In addition to serving as vice-president and pharmacist — Mio was recently called out of an in-service meeting to mix chemotherapy for a patient — he is the risk manager, supervisor of several departments and the designated float-builder for local parades. He is also a talented craftsman whose work includes stained-glass windows that set off the main hospital’s nursing station and the chapel.

For Breuer, the wardrobe of hats went from symbolic to literal. An occupational therapist at LakeWood for more than a decade, when Breuer became administrator in January after earning a master’s degree in health care administration with CHI’s support, his predecessor, SharRay Feickert, put on a hat-based skit. She presented Breuer with a Norse Viking helmet for dealing with the tough days; a blackjack dealer’s visor for coping with financial issues; bunny ears for the many situations calling for compassion; a “mom’s hat” — something pink and frilly — for the times he would be called on to give advice; and, for the official paper-signing role, a “signing hat” bedecked with feather pens.

“In rural health care you do the job that needs to be completed to make the operations work. The role you play changes rapidly, but the great challenge of working in rural health care never ends. I enjoy that challenge every day,” said Breuer.

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